



GIPPSLAND
WOMEN'S
HEALTH
SERVICE INC.

REG. NO. A0024460W
ABN 21 214 835 436

AUTUMN 2011

NEWSLETTER

'The Real You'

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Gippsland Women's Health Service

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Editorial

Welcome to the Autumn edition of the GWHS Newsletter where we explore the many aspects of "The Real You" from a range of perspectives. As individuals, we are all different and naturally that means that we all have different feelings, values, drivers and reactions to impacts and changes that occur in our lives that make up who we are.

This is clearly demonstrated by the artwork feature in this edition which is made up of contributions from GWHS staff members. The exercise of choosing a favourite piece of art and then explaining why you like it sounds easy, but it actually takes a deal of self-reflection and I really enjoyed reading these insights from staff.

The inspiration for this edition came from an article by Carly Findlay that one of the staff came across. Carly is an inspiring and courageous young woman who has confronted the difficulties associated with her disability and has developed an amazingly positive attitude and sense of purpose. You can share Carly's story on pages 8 and 9.

In looking at the external influences that can impact on "the real you", we have looked at a range of factors and some programs and services that can be of assistance. We understand the impact of social connectedness and having sufficient resources to be able to meet our basic needs on mental health and wellbeing. Fitted for Work is a wonderful program that assists women in tangible ways to prepare for work.

Violence against women and children is a major issue in our community that has significant and long term impacts on the lives of those who have been abused. Violence can take many forms, including physical, mental, emotional, financial and sexual abuse. I recently met with Craig Gye, the Officer in Charge of the Morwell SOCIT unit which investigates crimes of sexual offences and child abuse and Craig's article on page 5 provides more information about this extremely important work.

The article "It's Not OK" by Ryan Leyden on page 11 was a further inspiration to us as GWHS delivers programs in schools on violence prevention and the importance of respectful relationships. As Ryan indicates in his article, the role of young people in the prevention of violence in the future is vital.

In this edition, we have also focussed on a program to prevent the tragic issue of youth suicide, important information for women with early breast cancer and a range of women's health issues in Nurse's Snippets.

We trust you will find information of interest and assistance through the articles contained in this edition. Our aim in producing the GWHS newsletter is to provide relevant information that will assist in improving health and wellbeing and we are always keen to receive your feedback, both in terms of current editions as well as suggestions for topics and issues for inclusion in future editions.

Diane Wilkinson

Chief Executive Officer



My Favourite Artwork...

This painting was a surprise birthday present from my husband a few years ago. I have always loved elephants, although I have never really analysed why. I think they are incredibly majestic and despite their size, have a unique grace. I also love their strong sense of community and connection with each other, something that I think is incredibly important for human beings as well. I particularly like this picture because for me it shows the strength and protectiveness by the adult for the young one, who is staying close at hand, but also looking outwards with that innate sense of inquisitiveness and enthusiasm of youth towards their own journey through life.

Diane Wilkinson - CEO

Our library service will be winding down in June. We will still be providing resources and information to our members in a range of ways, including brochures and websites and we will continue to feature a resource page in future editions of this newsletter. This edition has a listing of general health websites on page 14.



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The title for our Winter 2011 Edition
Newsletter is "It's a Wide (Wild) World"
which discusses how women can stay
safe in the world around us.

If you have something you would like to
contribute, we would love to consider it.
The closing date for submissions is
30th April 2011.

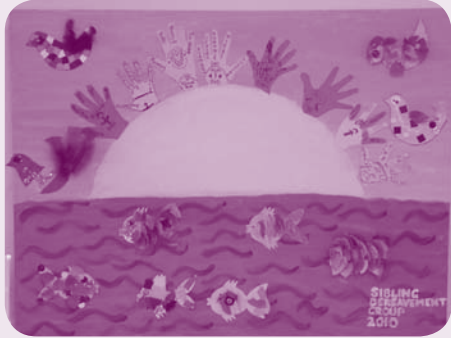
A DROP OFF SLOT
for resources is in the front door of our
building at 56B Cunninghame Street, Sale.

The statements or opinions expressed in this
newsletter do not necessarily reflect the views
of Gippsland Women's Health Service Inc.

Feature Artist for Autumn - Staff Choice!

As the theme of this newsletter is the Real You we have decided that the staff choose their favourite piece of art and describe why the piece reflects the real them. On reflection this task was far more difficult than it sounded...

We hope you enjoy reading these staff contributions throughout the newsletter as much as we had putting it all together!



My favourite piece of art is the mural made by the children (including my Timothy) who attended the Bereaved Siblings Day 2010 at the Royal Children's Hospital.

The 'real' me. These are my thoughts about who I am. The person I knew myself to be ceased to exist when my son Christian died last year. Now I am a 'new' person, someone that I still don't quite know yet; life is a journey without a map and I am still finding my way.

Lynette Teese - Reception/Information Support

100th Anniversary of International Women's Day Celebrations.

International Women's Day has been observed since in the early 1900's, a time of great expansion and turbulence in the industrialized world that saw booming population growth and the rise of radical ideologies. The official date of celebration for International Women's Day (IWD) is 8th March. However, in recent times women have chosen to celebrate IWD on numerous occasions throughout the month of March, with thousands of events held throughout the world to inspire women and celebrate achievements.

To recognize IWD in 2011, Gippsland Women's Health Service with generous financial support from the Victorian Government Rural Women Leading Change Program presented a movie night showing the film 'Made in Dagenham'. This movie was based on a true story about a group of spirited women who joined forces, took a stand for what was right, and in doing so, found their own inner strength. Thank you to those who attended the night at the Sale Cinemas.



Copyright: Judy Horacek

You can find more of Judy's wonderful cartoons at
www.horacek.com.au



Fitted for Work is here - Giving Morwell's women a helping hand to get and keep work!

National non-profit organisation Fitted for Work fittedforwork.org, with sites in Melbourne and Sydney is launching its Latrobe Valley Service in Morwell in March.

Since its inception in 2005, Fitted for Work has assisted more than 5000 women across Victoria and NSW in their quest to find and keep meaningful work and ultimately gain financial independence.

Trained volunteers provide a free, personalised, boutique styling and fitting service to clients, along with interview skills training. Clients can be referred from Job Services Australia, education providers, multicultural and new migrant services. Fitted for Work has also worked with the prison service in assisting female prisoners prepare for work on their release.

The focus is on getting the client 'job ready', improving their self-confidence and consequently, their chances of a successful interview. A recent evaluation of the service has shown that 75% of women who have been referred to a Fitted for Work boutique continue to be employed, three months later.

Extensive research and community consultation conducted in 2010, found that such a service would be of great value in the Latrobe Valley. Community Service Organisations and their clients contributed to the research and development of the service model.

At any one time, more than 300,000 women are looking for work in Australia. A common obstacle for many re-entering the workforce is a lack of job appropriate clothing. Fitted for Work receives donated corporate clothing from a variety of sources. Many supporters conduct clothing drives at their workplace or with their friends and contacts. Clothing that is not given to a client, is put into a clothing sale, with all takings channelled back into the service.

The continual recruitment of skilled volunteers is pivotal to Fitted for Work's success. It is a service run by women, for women. There are a variety of opportunities to volunteer, from providing the core service in the boutique, membership of a service's advisory committee, fundraising or providing direction on program Research and Evaluation.

Anyone interested in becoming a volunteer at the Latrobe Valley service, can contact Emma Birchall on 03 5133 8277 or at: emma@fittedforwork.org

I took this photo in Bolivia. It was the most desolate town, called Uyuni. Lonely Planet describes it as 'frigid, otherworldly, middle of nowhere community'. However, it is the launching place of the Salar de Uyuni tour through the salt plains. It is also home of Cementerio de Trenes, or the cemetery for trains.

This women was built from train remnants. I love her 'Madonna' breasts. It reminds me that no matter where you are on this earth, beautiful things exist.

I think I have chosen it as the real me, because of my love of exploring this wondrous world, because of the recycling effort in a place where it looks like the plastic bags grow on trees and because it connected with my weird sense of humour.

Jan Tracey - Health Promotion Project Worker



Wig Bank Update

The Gippsland Women's Health Service Wig Bank has had a steady stream of clients since it's opening last year. Local Artist Ken Roberts who kindly donated the funds to allow us to establish the Wig Bank also donated an artwork he painted specifically for the space in which the wig bank is located. He has entitled it "Beauty".

The Wig Bank is available to all women in the Wellington Shire and East Gippsland experiencing hair loss due to chemotherapy

For further information or to make an appointment:

Freecall: 1800 805 448 (within Gippsland) or **local call:** (03) 5143 1600

Postal address: PO Box 664, Sale 3850 **Email:** admin@gwhealth.asn.au

Visit us at: 56B Cunninghame Street, Sale



Family Violence Training Day

Friday the 19th of November saw the first ever cross-border Family Violence training day and conference for East Gippsland and the Sapphire Coast regions. Family Violence Organisations, Emergency Services and Teachers, from Bairnsdale to Bega came together at Mallacoota to discuss cross-border issues, to network and to learn about the latest practices in combating Family Violence. Funding received from The Gippsland Family Violence Regional Steering Committee enabled Donna Zander, who is a consultant to both Victoria Police and the Dept. of Justice, to facilitate the day at Mallacoota. In kind support was received from East Gippsland Shire Council for catering and venue.

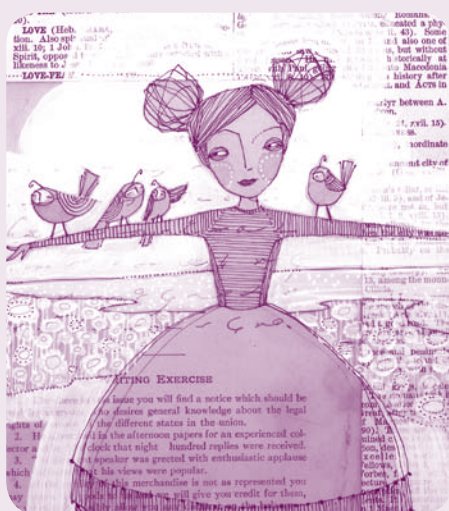
The conference was well attended and all participants expressed a desire to continue working together on a regular basis and to form a South East Family Violence Liaison Committee (SEFVLC). The concept for this event came from a training event held at Bairnsdale in July 2010 which was fully funded by Zonta club of Frankston.

The committee would enable organisations from both sides of the border to establish a closer working relationship with each other, assist with training of persons involved with Family Violence in rural remote areas, and to better assist victims of Family Violence living on the border regions.

If anyone would like to participate in forming the committee, or find out more about what is proposed please contact Leading Senior Constable Mark Tregellas at Mallacoota Police Station on (03) 5158 0280 or email at mark.tregellas@police.vic.gov.au

Mark Tregellas

Leading Senior Constable



This piece has been created by Cori Dantini, an American artist and is titled:

A Bird on your arm is Worth. I love this piece because despite the fact that the woman is trying to balance a number of birds on her arm, she still appears quite content. This reflects the real me, in that often I feel overloaded trying to balance work, family, study and other commitments but if I stop and think about it, these are things I have chosen to do. In all honesty, I would probably be deeply unhappy without them. These choices have made me what I am today.

I am also mindful of what a privilege it is to have choice. There are many, many women in the world today who do not have any say in how their lives are lived.

Jodie Pullman - Health Promotion Officer

Morwell Sexual Offence & Child Abuse Investigation Team

Morwell is now home to a team of specialist detectives who are trained to investigate the complex crimes of sexual offences and child abuse. Once known as the Sex Offence and Child Abuse Unit (SOCAU), Morwell's team has transformed over the past 18 months to become a Sexual Offence and Child Abuse Investigation Team (SOCIT). Morwell holds one of 29 units across Victoria, each in varying stages of training to provide a specialist response to sexual assault and child abuse victims. This change involved all of Morwell's members becoming qualified detectives by completing investigator training at the Police Academy.

It is an intensive nine week course that teaches the skills required to conduct complex criminal investigations, gather evidence using the latest available technology and prepare briefs of evidence for presentation to the higher courts.

One of the greatest aspects of Morwell's transformation will be experienced by the victim/survivor; they will have one dedicated detective from beginning to end. This means they will speak to one detective who will listen to the victim/survivors story, investigates the offence and provides guidance throughout the entire process.

Further to Morwell's team becoming qualified detectives, they also underwent further training in conducting interviews with children, people with intellectual disabilities and specialist sex offender interviewing. This training was invaluable to the team in responding to victims/survivors of sexual assault and child abuse.

Perhaps one of the most important aspects of this training course is the material presented on victimology and how trauma affects memory. This training provides a great insight into how our minds work, why we recall some things and not others, and how we, as investigators, can support victims/survivors to tell their story.

While one of the aims of the unit is to investigate offences and bring offenders before the court, it is not our sole purpose. Our most important function is to support victims/survivors and help them reach a point where they are comfortable and confident enough to tell us their story. To do this, we have changed the way we interact with victim/survivors by bringing our service out to them.

To make a report of a sexual crime or child abuse, it is not necessary to come to a police station if you do not feel comfortable doing this. The staff from the Morwell SOCIT will come to you.

We will meet at a place where you feel most comfortable, to hear your story, provide advice and guidance. You are welcome, and encouraged, to visit us and speak with our staff in an informal way and tell us your story. We will support you through the process every step of the way.

Please feel free to contact me on 5131 5090 at anytime to discuss how the Morwell SOCIT can assist you.

Craig Gye

Officer in Charge Morwell SOCIT

I like Art that is multi-purpose and jigsaw puzzles are multi-purpose; once a year the kids & I do a jigsaw puzzle. The puzzle usually begins before Xmas and carries over the school holidays. This year we've started at an odd time mainly because we found this 'Waddington Jigsaw Puzzle' at a market in Paynesville a few weekends ago. I think it's a painting by Barent Avercamp. I find the style of artists such as Hendrick & Barent Avercamp fascinating, I love the detail that goes into every face, every action and moment and it's very individual. I can really study the picture as I complete the puzzle.

Puzzles are my way of winding down. Hours can pass with this one "OCD" to find just one more piece of the puzzle before I go to bed. I think multi-functional art says a lot about me.

Kerrie Camp - Finance Worker



Follow up treatment for women with Early Breast Cancer

A topic which can cause deep concern for women who have completed treatment for early breast cancer is what follow-up care and support should be provided for those women.

Until recently, health professionals had a range of individual follow-up treatment plans. Some provided what might be considered insufficient surveillance, and others followed a régime which would now be considered excessive. The proven efficacy of testing and screening, along with associated costs and heightened anxiety for the woman, are all considered in the new guidelines. It has been well documented in the past, that the completion of active treatment can be associated with great stress and anxiety for women, as the concentrated medical focus which was upon them during that time is now over. Women report feeling abandoned and "on their own".

Clarification about follow up care is now available to GP's in new guidelines formulated by the National Breast and Ovarian Cancer Centre (NBOCC), in March this year, and accessible on their website,

www.nbocc.org.au

These guidelines advise the purpose of such follow up is multiple:-

- To detect any recurrence, either local, regional or distant.
- To assess the patient for psychosocial distress or anxiety, and to put in place a management plan.
- To monitor the outcomes of treatment, and review where changes or new treatments might be indicated.

The GP will ensure communication is ongoing in relation to follow up care with specialists involved in the woman's treatment, and importantly, the woman herself. Women who have completed treatment should be aware of the recommended follow up schedule following treatment for early breast cancer

In considering getting hot and sweaty, what are the specific recommendations relating to EXERCISE for cancer survivors, - especially in relation to helping to prevent recurrence of their cancer???

Method	Years 1 and 2	Years 3 – 5	After 5 years
History and clinical examination	Every 3–6 months	Every 6–12 months	Every 12 months
Mammography (and ultrasound if indicated) ^a	Every 12 months*	Every 12 months	Every 12 months
Chest X-ray, bone scan, CT, PET, or MRI ^b scans, full blood count, biochemistry and tumour markers	Only if clinically indicated on suspicion of recurrence		

CT: computed tomography; PET: positron emission tomography; MRI: magnetic resonance imaging
^aSee Table 2; ^{*}First mammogram 12 months post diagnosis; ^bUse of MRI may be considered in specific high risk groups.

The National Breast & Ovarian Cancer Centre. (March, 2010) *Follow-up care for women with early breast cancer: A guide for general practitioners.*

The Westmead Breast Cancer Institute in NSW cites the World Cancer Research Fund who has undertaken an extensive review of the literature, exploring what effect exercise has on cancer. Their findings along with those of others, repeatedly suggest a strong link between exercise and a reduced risk of breast cancer. Recent studies have shown previous recommendations for exercise had actually understated what is now advised.

Recommendations for Cancer Survivors

Moderate physical activity can be readily built into every day living. The recommended duration of activity can be made into several short activities, rather than a half hour continuous walk. Being physically active doesn't have to mean a strenuous exercise program such as running or joining a gym; all types of physical activity have been shown to be protective. The best physical activity is the one you enjoy, that you can manage to do on a regular basis and that you can maintain over the long term. There is no benefit from embarking on an unrealistic or overly demanding exercise program that only lasts a few weeks. (Westmead Breast Cancer Institute).

Being active along with keeping your weight in the healthy weight range, is regularly cited as two of the most positive and productive behaviors associated with reducing a woman's chance of recurrence of breast cancer. The Cancer Council of Victoria advises that being physically active may reduce the risk of breast cancer recurrence by one third, and has the added benefit of enhancing your mood and self esteem as well as reducing symptoms of fatigue sickness and pain. (Cancer Council Vic).

The National Breast & Ovarian Cancer Centre advise discussion with a health professional before starting any new activity after treatment for breast cancer and to build activities slowly. (National Breast Cancer & Ovarian Centre)

Marg Centra

McGrath Breast Care Nurse

References:

- Westmead Breast Cancer Institute. www.bci.org.au/index.php/about-breast-cancer/diet-and-lifestyle-activity
 Cancer Council of Victoria. (2007). *Life after Cancer: A guide for cancer survivors.* Melbourne: The Cancer Council of Victoria. (p.43).
 National Breast and Ovarian Cancer Centre. (2008). *Breast Cancer and Early menopause - a guide for younger women.*(p36).

It Gets Better

A brilliant project in the US has been created recently in response to an alarming rise in teen suicides particularly those teens struggling with their sexuality and exactly who is their 'real' self.

The "It Gets Better Project" was created by Dan Savage, a US columnist who decided to launch a YouTube video of himself and his partner talking about their personal experiences with particular reference to bullying in their youth. The video goes on to say that "It gets better" as they got older. The video is completely heartfelt and honest and ended up starting a phenomenon they could not have ever envisaged. Two months after the initial video was uploaded, over 10000 videos had been uploaded to the YouTube channel and a worldwide movement was started. The initial video had been viewed over 30 million times. Since then it has also expanded into other social networking sites such as Facebook and Twitter in an effort to get the message out to teens struggling with their sexuality that life does get better.

Some alarming statistics relating to the *LGBT (lesbian, gay, bisexual, and transgender) community are detailed on the website:

- 9 out of 10 LGBT students have experienced harassment at school.
- LGBT teens are bullied 2 to 3 times as much as straight teens.
- More than 1/3 of LGBT kids have attempted suicide.
- LGBT kids are 4 times as likely to attempt suicide than our straight peers.
- LGBT youth with "highly rejecting" families are 8 times more likely to attempt suicide than those whose families accept them.

About the It Gets Better Project

Growing up isn't easy. Many young people face daily tormenting and bullying, leading them to feel like they have nowhere to turn. This is especially true for LGBT kids and teens, who often hide their sexuality for fear of bullying. Without other openly gay adults and mentors in their lives, they can't imagine what their future may hold. In many instances, gay and lesbian adolescents are taunted - even tortured - simply for being themselves.

Justin Aaberg. Billy Lucas. Cody Barker. Asher Brown. Seth Walsh. Raymond Chase. Tyler Clementi. They were tragic examples of youth who could not believe that it does actually get better.

While many of these teens couldn't see a positive future for themselves, we can. The It Gets Better Project was created to show young LGBT people the levels of happiness, potential, and positivity their lives will reach – if they can just get through their teen years. The It Gets Better Project wants to remind teenagers in the LGBT community that they are not alone - and it WILL get better."

What is the It Gets Better Project?

To date, the project has received submissions from celebrities, organizations, activists, politicians and media personalities, including President Barack Obama, Secretary of State Hillary Clinton, Rep. Nancy Pelosi, Adam Lambert, Anne Hathaway, Colin Farrell, Matthew Morrison of "Glee", Joe Jonas, Joel Madden, Ke\$ha, Sarah Silverman, Tim Gunn, Ellen DeGeneres, Suze Orman, the staff of The Gap, Google, Facebook, Pixar, the Broadway community, and many more. For us, every video changes a life. It doesn't matter who makes it.

"The website www.itgetsbetter.org is a place where young people who are lesbian, gay, bi, or trans can see how love and happiness can be a reality in their future."

You can view the website at www.itgetsbetter.org

*Note: In Australia, LGBTI is used to include people who identify as Intersex.

Michelle Hoare

Communications Coordinator

With thanks to It Gets Better for allowing us to reprint part of their website

By local Gippsland artist Wendy Chappelow, I bought it at the Sale Art Gallery about 2 years ago, it was the first piece of REAL art I bought myself.

I love it because I feel I connect to the movement and flexibility of the floating rock and the impossibility of rocks floating through the water. I feel it inspires me to be more flexible and fluid myself, and not be stuck in the rigid but be open to life as it comes, embrace who and where I am now and who I might become.

Andrea Hall - Support Program



The Real Me

Carly Findlay is a young woman who lives in Melbourne. She writes a blog about her life and recently wrote for Ramp Up, the ABC's new website dedicated to those with disabilities. We were so inspired by her article we decided to devote this newsletter to finding out who the Real You really is.

It's strange having a rare and visible chronic illness. You become a talking point for strangers. A case study for doctors. An object to be ridiculed. A fountain of knowledge to other people whose family and friends have the similar illness. Sometimes a burden. Frequently isolated. Often an inspiration. Too many times pitied and a cause for healing. Sometimes your illness makes people overlook the real you. And if you let it, you forget the real you.

Let me introduce you to the real me. Carly Findlay.

I'm a serious shopper. I have four full wardrobes - my actual wardrobe, the spare room wardrobe, the spare bed and my floordrobe. I call Melbourne home now, after growing up in country NSW. I'm a fan girl - I've queued up for six hours on a Melbourne winter's night to meet Darren Hayes, and the only time I've been nervous in 2010 was when I met Callan Mulvey filming. I enjoy listening to and seeing live music - mostly Australian stuff. I love cooking, and love eating even more - and I thank my body every day for its fast metabolism. I'm really untidy. I prefer dogs to cats.

I work full time for the Australian Public Service. I have one more semester of study for my Masters of Communication. I am a freelance writer, community TV presenter and blogger. I'm 28. 29 in early December. I haven't lived a day without my chronic illness.

My chronic illness is a genetic skin condition called ichthyosis form erythroderma. It means scaly red skin. I was born with it and it will probably never be cured in my lifetime. I spend a lot of time in the dermatology clinic waiting room.

I use Vaseline to moisturise my whole body. (My doorknobs, remote control and phone are all very slippery!) My skin gets itchy and sore, and sheds at a faster rate than the average person's. My face is the reddest part of my body because it is exposed to the elements. My body finds it hard to regulate its temperature. I also have difficulties with my stomach, eyes and ears, and am susceptible to allergies.



I get infections easily - generally on my legs, but sometimes on my face. Sometimes my infections result in hospital stays where I am bandaged up like a mummy. When I get infections this badly, it can hurt to walk, I am too sore to have blankets on me in bed, I am often shivery, and it can also hurt to smile. I can't explain the pain - it is a mix of stinging, thudding, and throbbing from the outside in.

While it is medically challenging, the social challenges can be even more difficult. I am stared at, commented on or teased every day. I try to deal with peoples' questions and rudeness the best way I can, with a smile and a polite answer (most of the time). Sometimes all I can do is laugh!

Despite having ichthyosis all my life, it's only in recent years that I have identified with having a chronic illness. The turning point was when I began mentoring young people with chronic illnesses and disabilities at the Royal Children's Hospital.

I realised that I've experienced similar things to these young people - frequent hospitalisation and specialist appointments, medication and treatment, isolation and bullying, missing days from school and sometimes missing out on doing fun things.

This realisation of having a chronic illness didn't mean I forgot the real me. Sure, things are constantly difficult with my health. I never know when I will next get sick. This realisation meant I knew my chronic illness is part of the real me. And because of it, I can help others. I can teach doctors. I can offer advice and hope to others with chronic illnesses and disabilities. I can be active in the disability community. And when I pass away I hope my body is donated to science to help find a cure for this illness. My chronic illness is not a limit on the level of success I can achieve.

Life with ichthyosis might be hard at times, but it's not without its benefits either. I've never had to shave or wax my body - its hairless! The doctor told me to eat more to keep up my energy levels (I took this suggestion to be cake and cheese!). And I am often noticed and remembered by the right people. Hell, one night at a Placebo concert, I was in the moshpit.. It was exhilarating and scary at the same time.

I was hanging onto the barrier for dear life. The security guards saw how red I was and thought I was going to die. I got several bottles of free water - and you know how much they charge for water at concerts!

More information about ichthyosis is here. www.ichthyosis.com

Carly Findlay

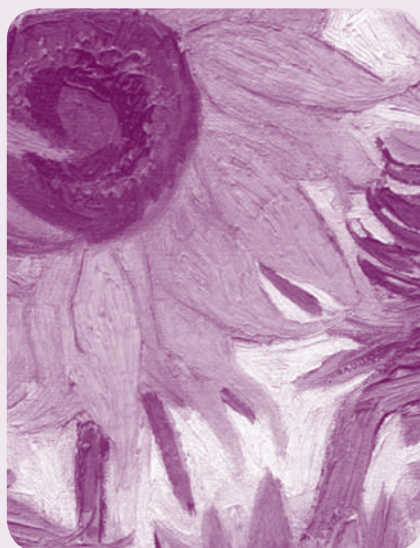
Carly's blog is called *Tune into Radio Carly* and can be found here www.carlyfindlay.blogspot.com
 This article was first published on ABC's Ramp Up website www.abc.net.au/rampup

With thanks to the ABC and Carly for allowing us to reprint.



Discovering that chocolate has a low GI and is high in antioxidants awakened Cecily's interest in health foods

Cecily is the creation of Celia Allison
 Cartoon reprinted with permission from
www.cecily.co.nz
 More wonderful cartoons available
 at the website.



Sunflowers, c.1888 Van Gogh - I've often felt like the 'real me' is represented by a Sunflower as depicted in so many of Dutch artist Van Gogh's works.

I have always felt drawn to these paintings throughout my life and if ever I stumble across a sunflower in real life I seem to feel a sense of immediate peace.

I was born on the first day of summer, love the summer months and have always stood taller than most. I like to think my personality is bright like a sunflower or at least have been known to find the bright side of life when all you can see is the dark.

"The sunflower is mine, in a way." - Vincent van Gogh

Michelle Hoare - Communications Coordinator

..... It's Not OK

We were completely inspired by a former Gippsland Grammar student's view on family violence. Ryan Leyden attended GG for only his last 18 months of schooling and was the school captain in 2010. He had previously attended Palmerston North Boys High in NZ and he said it was here that the school instilled in them a sense of leadership and that young men can lead from the front. He chose the topic because he said he has an interest in the issue. He said that he had no personal experience of family violence. At Gippsland Grammar they participated in White Ribbon day Nov 2009 and 2010 while he was a student there and he came to understand that violence is everybody's business and hence his decision to raise the issue within the school context and use his speech as a platform to do this. He is studying medicine in Melbourne this year and has a strong commitment to public health issues. This speech was first published in Claresco in 2010 and was the winning speech from 2010.

It's not okay to say she was asking for it. It's not Ok to teach your kids that violence is the way to get what you want. It's not Ok to control your family with threats, to bully them, to intimidate them or ever think that you can demand their love and respect. And it's not Ok that in this country according to the Australian Institute of Family Studies, police respond to a domestic abuse incident every ten minutes or that every year 59 woman and 25 children are killed by a member of their own family. Men, husbands, partners and fathers are the main perpetrators of domestic violence. We must address how our culture produces violence in men and develop ways to prevent this. We must resolve what legitimates violence in offending males as a way of conducting family affairs. We must resolve how violence has become acceptable as the de facto standard of human relations. To prevent domestic violence, we must resolve the manner in which violence has been constituted as part of male-ness and offer men more appropriate standards.

'Unto the women He said; Thy desire shall be to thy husband, and he shall rule over thee' This passage from the bible, similar to other religious scriptures including the Koran, and major Buddhist and Hindu writings, have been used as justification for men's domination over women. Laws and the legal system colluded with the abuse of women with similar principles well into the 1800's when it was legal for a man to abuse his wife to maintain discipline. A societal acceptance existed in that what men did in their own home was a private matter. As such, anecdotally, police would respond to abusive households; not to stop the battering but politely request the noise be reduced as to not become a public nuisance. Despite the women's movement of the 20th century to successfully campaign for equal rights and opportunities in legislation such as the Sex Discrimination Act; to this day the exploitation of men's power over women remains in society.

Common Blue Damselfly © Alex Ries 2010

This was a hard one for me, as I tend not to have favourite anythings like colours or flowers or singers etc. Too many wonderful things to choose from. I'm sure there must be some sad psychological reason for this! Also we have many art works at home all of which I love for different reasons.

It would be easy to nominate my husband's pottery pieces such as the lovely art nouveau bowl I use frequently and my eldest son's nature art, or my daughter's glorious orange and pink abstract painting which hangs in my bedroom, but I can't nominate just one. So I've taken some photos of favourite paintings and some of my eldest's art work that reproduces well and let the editor select one!

Alma Ries - Community Health Nurse



The piece of art that I chose is this serigraph by “Patricia” an international artist, entitled “Esco Bar”. I really love this picture because of the color that is used and the relaxed style. I identify with it because the woman with the hat reminds me of my mother, who passed away when she was in her mid-thirties. It also demonstrates for me that friendships for women are very important. When I look at it I’m reminded of how good I feel when I catch up for a coffee with my friends.

Kerry Hamer - Gippsland Family Violence Strategic Development Coordinator



When we step back and observe the array of social influences that we allow to act upon our malleable young men, the greater surprise is that so many boys do **not** grow up to abuse women. In the fairytale ‘Beauty and the Beast’; Beast isolates Belle from the world, inflicting cruelty upon her until she loves him enough that he is transformed into a good man. Music videos are now being choreographed by pornographers and mainstream pornography itself venerates rape and bondage as erotic. Even more distasteful than Eminem’s decision to record his song ‘Kim’ glorifying the brutal and premeditated murder of his wife and child, complete with a plan to escape the consequences, is that it also won a Grammy. What is a young man to conclude about our culture when messages of oppressing women are constantly being rewarded?

Lundy Bancroft, director of America’s first National Men’s abuse programme Emerge, explains that entitlement, the belief in abusers that they have exclusive rights and privileges that do not exist to their female chattels, is the driving force behind abuse. Entitlement leads a man to form unfair and unreasonable expectations of his partner who is expected to subserviently cater for him. Violence becomes a compensatory mechanism in response to challenges to his authority. When a man beats his wife for not having dinner ready it is his sense of entitlement that acts to both reaffirm his supremacy and punish insubordination. As this example demonstrates, violence or the threat of it becomes a manner to maintain power.

One in three women are victimised by domestic violence according to the National Bureau of Statistics. With figures so grim, this traditionally private matter has become a public tragedy. The Australasian Journal of Criminology criticises the government’s postabuse policies focussing on counselling, crisis care and criminal justice after the violence transpires as redundant. This echoes the call of the White Ribbon Foundation for primary intervention before violence occurs. Through visible leadership of males in our communities and educational campaigns, we must instil the values of respect, compassion and responsibility in our young men towards the females in their lives. Women too must insist upon dignity and respect, to have faith in themselves and realise that silence will no longer be required in a changing world that will listen. Furthermore, we must sever the umbilical cord between womanly degrading popular culture and our young men to prevent the propaganda of mass media corrupting more malleable minds.

We must be the change we wish to see. As the young men and women on the brink of adulthood it is us that must lead the forefront of a revolution in which domestic violence is abolished. No longer can we afford to sit back and wait for our family and friends, even ourselves, become the victims and perpetrators of this heinous crime. We must act. Because violence against women is not okay...ever.

Ryan Leyden

Former Student of Gippsland Grammar

NURSE'S SNIPPETS

Nurse's Snippets

DocList for Lesbian/bisexual women.

The Australian Medical Lesbian Association (AMLA) have established 'DocList' for lesbian and bisexual women in response to their requests for referrals to lesbian/bi-friendly doctors who "demonstrate that they are comfortable with our sexual orientation, and have some knowledge of how our sexual orientation impacts on our health issues". DocList provides a list of doctors recommended by lesbians and bisexual women patients from around Australia. Some of the listed doctors are lesbian or bisexual, while many are heterosexual and lesbian/bi-friendly. The doctors on the list are asked for their approval to be listed. The name of the person recommending them is not divulged. You can access the list, or make your own recommendations at www.doclist.com.au

World Health Organisation Physical Activity Recommendations 2010

There are many and varied exercise recommendations, and it can get very confusing to know what you need to do to be as healthy as possible. The guidelines include those living with a disability, recommending individual modifications where appropriate/necessary. However research is still needed for recommendations for pregnant women.

The new WHO 'Global Recommendations on Physical Activity for Health' finds that physical inactivity is the "...fourth leading risk factor for global mortality" responsible for 6% of deaths world-wide. Hypertension causes 13% of deaths, tobacco 9% and high blood sugar levels 6%, followed by overweight/obesity responsible for 5% global mortality. So if you are over-weight, inactive smoke and have diabetes and hypertension the risk to health and indeed life may be very high. Inactivity is thought to contribute to nearly a quarter of breast and colon cancers, 30% of ischaemic heart disease (angina and heart attacks as opposed to heart failure) and 27% of the diabetes burden. As well as reducing the risk of cancers due to inactivity, exercise reduces the risk of osteoporosis and fractures as well as depression.

The WHO recommendations separately cover three age groups: 5-17 years old; 18-64 years and 65 years old and above (please contact GWHS if you would like a copy of the separate recommendations). It is important to talk to your doctor before starting any new physical activity programme. For clarity I will quote an entire paragraph.

1. *Adults aged 18-64 years should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, **or** do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate and vigorous intensity activity.*
2. *Aerobic activity should be performed in bouts of at least 10 minutes duration.*
3. *For additional health benefits, adults should increase their moderate - intensity aerobic physical activity to 300 minutes per week, **or** engage in 150 minutes of vigorous-intensity aerobic physical activity per week, **or** an equivalent combination of moderate- and vigorous - intensity activity.*
4. *Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week*

To break it down so it appears less daunting 150 minutes of moderate intensity exercise could be 30 minutes brisk walking 5 times a week. Even the oldest age group has quite a high level of recommended exercise. The entire report is available at www.whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf

Breast Cancer and Smoking-the importance of discouraging young women from smoking!

Many and varied studies have suggested that:

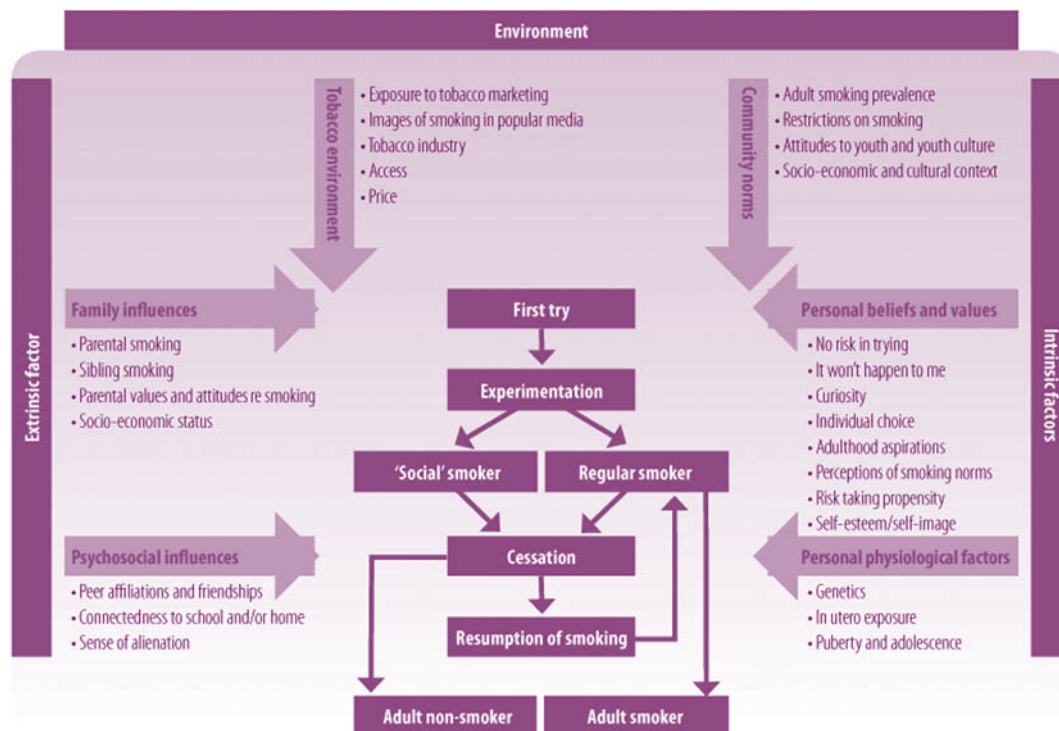
- Smoking is linked with a higher incidence of breast cancer.
- Financially poor women are more likely to smoke.
- Women who smoke are less likely to breast feed.
- Young age at first birth and breast feeding are protective against breast cancer.
- Poor women and teenage mothers have lower breast feeding rates.
- Teenage mothers are more likely to be smokers and to be socioeconomically disadvantaged
- Around 18% of young Australian women under 24 smoke.
- Obesity and overweight are linked with breast cancer.

Continuation of Nurse's Snippets...

A new study by Xue et al (2011) has shown that women who smoke before their first pregnancy are at a greater risk of breast cancer than women who start smoking later in life. This study is based on large numbers of women from the United States Nurse's Health Study 1976-2006. There were 111,140 active smokers and 36,000 passive smokers. Women with the highest risk of breast cancer are the heavy smokers who started early in life, and continued for many years.

The highest risk of all was found in those who smoked before the first full term pregnancy. Metabolites from cigarette smoke are transported around the body in plasma and stored in the breast tissue. Towards the end of a full term pregnancy the breasts 'mature' i.e. there is "the terminal differentiation of breast epithelium late in the last trimester of the pregnancy" which gives some protection against breast cancer. Therefore the breasts may be more susceptible to carcinogens from cigarettes before the first full term pregnancy leading to the finding "...that smoking before the first birth may be more important to breast carcinogenesis than smoking after the first birth".

New research by the Cancer Council of Victoria reported in The Age 9/2/11 has found that cigarettes are cheaper in the disadvantaged areas of Melbourne and Geelong. 33% of milk bars within a kilometre of schools in poorer suburbs sold discounted cigarettes, as opposed to 14% overall. A Quit spokesperson is quoted as saying: "People in low-income groups are more likely to smoke ... so keeping them addicted or recruiting new smokers through price will be a tactic that the tobacco industry knows well". It would be interesting if the Governments current anti-smoking campaign, purported to be aimed at young people, featured these issues instead of showing middle aged men coughing into their handkerchiefs! Imagine ads that showed cigarette companies as sharks preying on the most vulnerable in our community, or educational ads around breast feeding and its benefits for the mother as well as the baby, or a young woman smoking and animated depictions of the developing breast with cigarette poisons being dumped in breast tissue.



Chapter 5.3: Figure 5.1 Factors influencing uptake by young people (Scollo 2008).

Alma Ries

Community Health Nurse

References:

Fei Xue, Walter C. Willett, Bernard A. Rosner, Susan E. Hankinson, and Karin B. Michels

Cigarette Smoking and the Incidence of Breast Cancer. *Arch Intern Med*, Jan 2011; 171: 125 - 133.

(*Medical Journal of Australia* (2003; 179(3): 158-161)

(Scollo, MM, Winstanley, MH [editors]. *Tobacco in Australia: Facts and Issues. Third Edition.* Melbourne: Cancer Council Victoria; 2008.

Available from: www.TobaccoInAustralia.org.au

Quit Victoria: Fact Sheets. www.quit.org.au/resource-centre/fact-sheets/smoking-rates/adult-smokers-sex-age.aspx



Web Resources

A Guide to General Health Websites...

The internet is an amazing place for all things relating to health. It is always very important to ensure the website you are using is reliable, accurate and written by a reputable source, as there can be misleading and incorrect information available. The following websites are excellent resources and recommended by Gippsland Women's Health.

health.gov.au

The Federal Department of Health and Aging website has links to other websites, latest health news and links to government departments relating to all health matters. The department's role is to achieve the Australian Government's priorities (outcomes) for health and ageing.

healthinsite.gov.au

Reliable, up-to-date information is crucial today - particularly when it comes to health matters. Australians are increasingly turning to the Internet as a source of health information. While the Net provides a massive amount of useful information, it also leads users to information of questionable quality. In line with the Australian Government's strategy of delivering services via the Internet by 2001, HealthInsite was conceived to bridge the gap between the increasing potential for consumers to access health information via the Internet, and the absence of quality control of web information.

betterhealth.vic.gov.au

The Better Health Channel provides health and medical information to help individuals and their communities improve their health and wellbeing. It is a very easy website to navigate around and the information provided is quality assured, reliable, up to date and easy to understand.

jeanhailes.org.au

The Jean Hailes Foundation for Women's Health provides a unique response to the needs of women through excellence in research, community and professional education and clinical care.

nbocc.org.au

National Breast and Ovarian Cancer Centre (NBOCC) is Australia's national authority and source of evidence-based information on breast and ovarian cancer. The website has many excellent resources including personal stories and tools to assess your risk of cancer.

HealthOntheNet.org

The Health On the Net Foundation (HON) is an international nonprofit group promoting and guiding the deployment of useful and reliable online health information, and its appropriate and efficient use. It is accredited with a special NGO status to the Economic and Social Council of the United Nations. Their mission is to guide the growing community of healthcare consumers and providers on the World Wide Web to sound, reliable medical information and expertise. In this way, HON seeks to contribute to better, more accessible and cost-effective health care.

Health Websites Relating to "The Real You"...

mcgrathfoundation.com.au

Set up in 2005, the McGrath Foundation has helped countless women diagnosed with breast cancer. The website has lots of links about breast cancer as well as fund raising ideas.

abc.net.au/rampup

This is the ABC's new online destination for news, discussion, debate and humour for everyone in Australia's disability communities. There are feature articles, a blog and lots of information for those with disabilities, those with friends and family with disabilities or for those who work in the sector.

itgetsbetter.org

This is the website that was created after a youtube video was made in an effort to connect with young members of the LGBT community after a spate of teen suicides. Many others have uploaded their own videos and stories to inspire. The site also has a blog, social networking links and other resources.



REG. NO. AOO24460W

Application for Membership

Gippsland Women's Health Service Inc.

Any woman who resides, works or studies in the Gippsland region and supports the Statement of Purpose of Gippsland Women's Health Service Inc is eligible to be a member of the Association.

Name _____

Address _____ Postcode _____

Telephone _____ (AH) _____ (BH) Email _____

New Membership Membership Renewal Have you changed your address in the past 12 months? Yes No

If Yes, what was your previous address? _____

Individual Membership enables you to vote at the AGM and general meetings, stand for election as a member of the Council, access to library service, invitations to special functions, inclusion on our mailing list for programs, workshops and forums.

Do you wish to receive a newsletter? Yes NoIf Yes, do you wish to receive the newsletter via email or Australia Post Do you wish to receive periodic email updates? Yes No

Membership is for one year only and must be renewed annually at the time of the AGM. There is no entrance fee or annual membership subscription.

I agree with the Statement of Purposes and wish to become a member/renew my membership of Gippsland Women's Health Service Inc. for one year, ending after the Annual General Meeting 20____. (please complete relevant year)

I accept that GWHS Constitution requires a register of Members be retained by GWHS and that a list of member names will be available for viewing by other GWHS members at the GWHS registered address in accordance with the Constitution and Privacy Legislation.

In the advent of my admission as a member of the Association, I shall at all times comply with the rules of Gippsland Women's Health Service Inc.

Signature of Applicant _____ Date _____

Please complete and return to:
Gippsland Women's Health Service Inc.
 Repty Paid 664, Sale Vic 3850

Office Location: 56B Cunninghame Street, Sale Vic 3850
 Telephone: 03 5143 1600 or 1800 805 448 Fax: 03 5143 1224
 Email: admin@gwhealth.asn.au Website: www.gwhealth.asn.au

For Office Use Only:

Date Received: _____ Date Entered into Database: _____

Staff Member: _____

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PO Box 664 SALE 3850



**GIPPSLAND
WOMEN'S
HEALTH
SERVICE INC.**

REG. NO. AOO24460W

Gippsland Women's Health Service is an independent, regional health service run by women for women. The Association develops and implements health promotion programs based on the social model of health, which work at a number of levels to empower women to increase control over, and improve their health.

The Service Offers:

- Information resources from our free postage library service in the form of books, videos, articles, pamphlets and audio tapes
- Free Health Information Line - 1800 805 448 to speak to our Community Health Nurse
- Free, confidential pregnancy testing, options counselling and telephone options counselling
- Information, referral and support to all women of Gippsland, their partners and health professionals

Why a Women's Health Service?

- Women and men have different health needs
- Women use health care not only for ill health, but for health maintenance, such as pregnancy, contraceptive management and menopause
- Women in their role as carers use health care services more frequently than men
- Women are more likely to be socially and economically disadvantaged than men

24 HOUR CRISIS LINES

- | | |
|--|--------------|
| ■ Triage (Mental Health Emergency Service) | 1300 363 322 |
| ■ Women's Domestic Violence Crisis Service | 1800 015 188 |
| ■ Gambler's Help | 1800 156 789 |
| ■ Lifeline | 13 11 14 |
| ■ Kids Help Line | 1800 551 800 |
| ■ Latrobe Community Health Service
24 Hour Aged, Disability and Carer Support | 1800 242 696 |
| ■ Gippsland Centre Against Sexual Assault | 1800 806 292 |
| ■ Pregnancy, Birth and Baby Helpline | 1800 882 436 |

**As an information service/health advice line for all women's health queries, you may call
Gippsland Women's Health Service on 1800 805 448 or
5143 1600 from Monday - Thursday: 9.00am to 4.00pm, Fridays: 9.00am to 3.00pm
You can also leave a message after hours and we will get back to you.
However, please note that we are not a crisis service.**